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Article

A systematic review of the South African work on the well-being of young people (2000–2016)

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Abstract

Burgeoning research on the well-being of young people in recent years has made it difficult to identify conceptual gaps in the literature. We conducted a review of South African research in this area to better understand the use and measurement of the construct, as well as factors associated with it. The search of multiple databases identified 28 studies published in academic journals between 2000 and 2016. Within this period, studies that referred to well-being and its related subjective components varied significantly in terms of how they defined and operationalised these constructs, resulting in a fragmented body of work. The review highlights the need for a coherent research agenda in this area given the centrality of well-being research in promoting optimal outcomes in young people. Recommendations for strengthening South African research in this area are provided.

Keywords

Adolescence, psychological health, systematic review, youth well-being

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In recent years, we have seen an exponential interest in the science of happiness or well-being (Seligman, 2011; Stratham & Chase, 2010). Dodge, Daly, Huyton, and Sanders (2012) assert that the study of well-being has produced two conceptualisations of the concept. The hedonic tradition focuses on constructs such as happiness, positive affect, low negative affect, and satisfaction with life (Kahneman, Diener, & Schwarz, 1999; Lyubomirsky & Lepper, 1999), and the eudemonic tradition highlights positive psychological functioning and human development where happiness is experienced through challenges, growth, and purpose in life (Rogers, 1961; Ryff, 1989; Waterman, 1993). While some argue for the multi-dimensional nature of well-being (Diener, 2009; Stiglitz, Sen, & Fitoussi, 2009), others point to the difficulty in defining and measuring the construct (Dodge et al., 2012), resulting in major challenges in identifying conceptual and informational gaps in the literature.

In South Africa, research on young people[1] and well-being is appropriate given that almost 37% of the population falls between the ages of 10 and 24 (Statistics South Africa, 2012). Most of these young people are facing health and socio-economic problems associated with poverty as well as the normative age-related challenges (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). Because the promotion of a strengths and assets-based approach in young people is central to building long-term resilience and establishing a positive developmental trajectory, it is important to understand how the term well-being is utilised in the scientific community.

This article undertook a systematic review of studies focusing on the well-being of young people in South Africa. The purpose of this review was to synthesise published literature on well-being research in terms of (1) identifying how well-being has been conceptualised and defined, (2) identifying what indicators and measurements have been employed, and (3) examining the factors commonly associated with well-being.

Method

Search strategy and selection criteria

Systematic literature searches were conducted on PubMed, ProQuest, and the following EBSCO databases: Academic Search Premier, Africa Wide International, ATLA Religion Database with ATLASerials, Health Source: Nursing/Academic Edition, Health Source: Consumer Edition, Humanities International Complete, MEDLINE, PsycARTICLES, PsycCRITIQUES, PsycINFO, SocINDEX with Full Text, and Teacher Reference Centre. Other articles were sourced from 'Children's Worlds' (http://www.isciweb.org/).

Searches were carried out using the Boolean Search model (see Appendix 1 for search terms) and informed by the Preferred Reporting Items for Systemic Reviews and Meta Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2009). We recorded the number of articles identified using our search strategy, the number screened for eligibility and the final number included in our review (see Appendix 2).

Searches were limited to studies published in peer-reviewed English language journals between January 2000 and September 2016 and which included a South African population. Titles and abstracts of all articles identified in the initial search were independently screened by two reviewers using predefined criteria. Given the diversity of well-being research, we initiated the search using general terms to ensure inclusivity. Studies were considered for full-text review if the title, listed keywords, or abstract included the term 'well-being' or 'wellness' or other keywords including happiness, life satisfaction, satisfaction with life, quality of life, resilience, and positive youth development. We combined these with appropriate terms identifying participants considered to be

young people (10–24 years) at this stage of the search (see Appendix 1 for search terms). Studies that met the initial criteria were then retrieved and further evaluated to ensure they were relevant by applying additional inclusion/exclusion criteria:

1. Studies in which primary research was conducted.
2. The participants in the study were between the ages of 10 and 24 years
3. Studies that included an assessment which related to any subjective aspect of well-being (including, e.g., psychological or spiritual well-being).

Exclusion criteria:

1. Studies where the exclusive focus was on a clinical, medical, or physical condition.
2. Studies where the exclusive focus was well-being of parents, caregivers, or significant others.

Results

Study selection

A total of 10,365 peer reviewed articles were identified in the initial search. After removal of duplicates, two reviewers conducted title and abstract screening to identify articles which met the initial screening criteria resulting in 102 studies assigned for full-text review. After assessing for eligibility, 28 studies published between January 2000 and September 2016 were selected for final inclusion in the review (see Appendix 2). Disagreements regarding inclusion were resolved by consultation with the study team.

Study design of included studies

Most of the studies reviewed used quantitative research designs (20) with 18 studies based on cross-sectional data. Only five studies employed a qualitative research design (see Table 1).

Sample characteristics

The majority of studies reviewed (18/28 studies) recruited participants through schools or higher education institutions, with some recruiting through communities, places of worship, youth organisations, and welfare services. Most used purposive or convenience samples (17/28 studies) with only two studies using stratified random sampling and one using a simple random sample.

Defining well-being

Studies under review highlighted the variability in definitions of well-being, a finding consistent with previous research (Dodge et al., 2012; Pollard & Lee, 2003).

The studies tended either towards specific definitions of well-being (e.g., Bojuwoye & Sylvester, 2014; Tibesigwa, Visser, & Hodkinson, 2016) or generic descriptions (e.g., Edwards, Ngcobo, & Pillay, 2004; Jonker, Koekemoer, & Nel, 2015). Definitions of well-being were largely determined by the focus of each study and conceptual perspective adopted. Most adopted a mental health or psychological well-being perspective, and tended to use these terms interchangeably. Five studies defined well-being from a strengths-based perspective focusing on the positive functioning of

Table 1. Characteristics of studies.

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Bachmann DeSilva et al. (2012)	637	M = 12.5 years at baseline	♂ 51.9 ♀ 48.1	B 100 C I W	Students from 60 primary and secondary schools in Amajuba district	Stratified cluster sample	Quantitative Longitudinal cohort study	Psychosocial well-being includes depression/ anxiety or internalising problems, connectedness, social support, resilience, and self-esteem.	Reynolds Adolescent Depression Scale (Reynolds, 2002) Adapted measure from Zimet et al. (1988) to assess perceived social support Self-developed checklist to measure connectedness across family, peer and community domains 7-item resilience subscale from Trauma Symptom Checklist for Children (Briere, 1996) Culture Free Self-esteem Inventory (Battle, 1992)
Bojuwoye and Sylvester (2014)	15	M = 15 years	♂ 100 ♀	B C Not reported I W	High school students from Cape Town suburb with prevalence of single-mother households	Purposive sample	Qualitative	Subjective well-being is socially interactive, communicative, and contextual.	Semi-structured interviews, focus group interviews, behaviour observations and compilations of collages focused on participants' experiences and satisfaction with aspects of single-mother family life.
Boshoff et al. (2015)	39	14–18 years	♂ 100 ♀	B 23 C 46 I W 31	Students from a custodial school of industry	No explanation for choice of sample	Quantitative Solomon four-group design	Subjective well-being consists of positive affect (happiness) and subjective appreciation of life (life satisfaction).	Satisfaction with Life Scale (Diener et al., 1985) Coping Orientations to the Problems Experienced Scale (Carver, Scheier, & Weintraub, 1989)
Brook et al. (2005)	1468	M = 14.7 years	♂ 45 ♀ 55	B 45 C 21 I 14 W 20	Adolescents from Durban and Cape Town	Stratified random sample	Quantitative Cross-sectional	Well-being is a self-perceived quality of life consisting of internal (e.g., self-esteem) and external factors (e.g., neighbourhood influences).	Self-developed questionnaire focusing on personality, attitudinal and behavioural attributes; siblings, significant others, and peer groups' smoking behaviours; individual's sense of well-being; ethnic identification; and demographic factors

Table 1. (Continued)

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Brook et al. (2011)	2195	M = 14.6 years	♂ 45.7 ♀ 54.3	B 41.9 C 24.3 I 18.1 W 15.7	Adolescents from Durban, Cape Town, and Johannesburg.	Three-stage sampling approach	Quantitative Cross-sectional	Low well-being includes psychological and physical health problems.	5-item scale measuring depressive symptoms (Derogatis et al., 1974) 3-item scale measuring self-esteem (Brook et al., 1990) 11-item scale measuring physical health problems (Liu & Kaplan, 1999)
Cheng et al. (2014)	2393 (497 JHB)	15–19 years	♂ 55 ♀ 45 (JHB)	B C Not reported I W	Adolescents from Johannesburg, New Delhi, Baltimore, Ibadan, and Shanghai	Respondent driven sample	Quantitative Cross-sectional	Mental health defined as state of well-being in which one is able to cope with everyday stresses, realise one's potential, work productively and fruitfully, and contribute to society	Hope scale (Lippman et al., 2014) 10-item version of the Centre for Epidemiological Studies Depression Scale (Radloff, 1991) Post-Traumatic Stress Disorder Checklist-Civilian version (Weathers et al., 1994) Suicidal thoughts, plans, and attempts measured with binary variables
Cluver and Gardner (2006)	60	M = 11 years	♂ 55 ♀ 45	B C I Not reported W	Orphaned children from formal and informal settlements in the Cape Flats.	Convenience sample	Quantitative Cross-sectional	No definition provided.	Strengths and Difficulties Questionnaire (Goodman, 1997) Impact of Events Scale (IES-8) (Dyregrov & Yule, 1995)
Cluver and Gardner (2007)	60	M = 13.3 years	♂ 43 ♀ 57	B 100 C I W	Orphaned children from formal and informal settlements in the Cape Flats.	Convenience sample	Qualitative	No definition provided.	Semi-structured interviews explored factors which participants perceived as affecting their happiness, sadness, anger and coping strategies

(Continued)

Table 1. (Continued)

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Edwards et al. (2004)	430	M = 22.2 years	♂ 19 ♀ 81	B 100 C I W	First year students of the University of Zululand	Purposive sample	Quantitative Cross-sectional	Psychological well-being influenced by personal, interpersonal and environmental factors, and by changes within the context of life stages and developmental tasks.	18-item version of Psychological Well-being Scale (Ryff, 1989)
Florence & Koch (2011)	179	15–18 years	♂ 41.3 ♀ 58.7	B C I Not reported W	Grade 10 and 11 learners from Cape Flats schools.	Purposive sample	Quantitative Cross-sectional	No definition provided.	Kidscreen52 – measure of self-reported health and wellbeing. (Ravens-Sieberer et al., 2008)
Govender and Moodley (2004)	103	11–19 years	♂ 59.2 ♀ 40.8	B 100 C I W	School students from Durban metro region	Purposive sample	Quantitative Cross-sectional	Psychological well-being equated with self-esteem.	Rosenberg Self-Esteem Scale (Rosenberg, 1965)
Govender et al. (2014)	623	M = 14.6 years	♂ 51.6 ♀ 48.4	B C Not reported I W	Children living in the Amajuba district.	Random stratified cluster sample	Quantitative Cross-sectional data from a longitudinal study	No definition provided.	Achenbach Youth Self-report – measures anxiety/ depression Subscales of South African Child Assessment Schedule – measures affability and resilience.
Guse and Vermaak (2011)	1169	M = 15.69 years	♂ 49 ♀ 51	B 32.1 C 15.3 I 5.9 W 46.2	Five urban high schools in Gauteng.	Convenience sample	Quantitative Cross-sectional	Mental health lies on a continuum with languishing on one end and flourishing on the other. It is composed of emotional, social, and psychological well-being.	Mental Health Continuum-Short Form (Keyes, 2006) Children's Hope Scale (Snyder et al., 1997)

Table 1. (Continued)

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Jackson, van de Vijver, & Fouche (2014)	227	17–19 years	♂ 32 ♀ 68	B C I W 100	White Afrikaans speaking students residing in a dormitory in an institution of higher learning	Convenience sample	Quantitative Cross-sectional survey design	Mental health defined as state of well-being in which one is able to cope with everyday stresses, realise one's potential, work productively and fruitfully, and contribute to society	General Self-Efficacy Questionnaire (Tipton & Worthington, 1984) The Adult Dispositional Hope Scale (Snyder et al., 1991) Gratitude Questionnaire (McCullough, Emmons & Tsang, 2002) Rosenberg Self-Esteem Scale (Rosenberg, 1965)
Johnson & Lazarus (2008)	472	12–18 years	♂ 44 ♀ 56	B 36.5 C 41.5 I 2.3 W 19.7	Grade 9 learners from seven Western Cape high schools	Purposive sample	Mixed method design	No definition provided, but consider resilience a resource for well-being.	Focus group interviews focused on needs and strengths of participants, factors that contribute to distress and well-being, kinds of support they were provided with and kinds of support they could be provided to enhance their well-being.
Jonker, Koekemoer, and Nel (2015)	287	Mean not reported	♂ 48.1 ♀ 51.9	B C Not reported I W	Economic Sciences students from higher education institutions in North West province and Gauteng	Convenience sample	Quantitative Cross-sectional survey design	Positive subjective well-being comprised of high positive states and life satisfaction, and includes both hedonic and eudaimonic factors.	Positive Affect Scale on the PANAS (Watson et al., 1988) The Life Orientation Test-Revised (LOT-R) (Scheier et al. 1994) Emotional Intelligence Scale (Schutte et al., 1998) Satisfaction with Life Scale (Diener et al., 1985) Comprehensibility Scale (11 items) of the Orientation to life scale (Antonovsky, 1993) Generalised Self-efficacy scale (Jerusalem & Schwarzer, 1992)

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Table 1. (Continued)

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Koen et al. (2011)	62	13–18 years	♂ ♀ 100	B 100 C I W	Learners from a secondary school in Gauteng	Convenience sample	Qualitative	Well-being includes physical, mental and social well-being. It is comprised of positive affect, life satisfaction, self-esteem, positive coping, resilience, and environmental adaptation and mastery.	Focus group interviews asking open-ended questions about participants' relationships with parents, exploring both positive and negative aspects
Liebenberg and Roos (2008)	85	Grade 7 learners	♂ ♀ Not reported	B C Not reported I W	Grade 7 learners from a primary school in an affluent city environment	No explanation for choice of sample	Qualitative	Well-being includes dimensions of environmental mastery, personal growth, purpose in life, autonomy, self-acceptance, and positive relations with others.	Focus groups and written assignments on participants' experiences of leadership
Mahiti (2006)	48	M = 14.75 years	♂ 100 ♀	B C Not reported I W	Street children accommodated at three centres in Pretoria	Purposive sample	Mixed method design	No definition provided.	Interview schedule focused on participants' quality of life
Moses (2006)	63	6–18 years	♂ 44 ♀ 56	B C Not reported I W	Children living in Ocean View community, Cape Town	Purposive sample	Qualitative	Well-being has a transactional relationship with overall life satisfaction.	Participant observation and informal conversations focused on how neighbourhood factors impact well-being.
Pienaar et al. (2006)	1238	M = 17.3 years	♂ 42.8 ♀ 57.2	B Afr. Lang = 15.4 C I Eng = 47.9 W Afr = 36.7	Students from six Eastern Cape and five Gauteng schools	Cluster sample	Quantitative Cross-sectional	Psychological well-being characterised by sense of coherence, satisfaction with life, fortitude, coping, hardiness, self-actualisation, potency, and psychological resilience. It is also influenced by spiritual, cognitive, emotional, and behavioural aspects.	Sense of Coherence Scale (Antonovsky, 1987) The Satisfaction with Life Scale (Diener et al., 1985) The Fortitude Questionnaire (Pretorius, 1998)

Table 1. (Continued)

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Savahl et al. (2015)	1004	12 years	♂ 46.1 ♀ 53.9	B C Not reported I W	Eight low-income and seven middle-income schools in the Cape Town metropole	Two-stage stratified random sampling	Quantitative Cross-sectional survey design	Subjective well-being made up of valuations people make regarding their lives, events happening to them, and the circumstances in which they live.	Student Life Satisfaction Scale (Huebner, 1991) Personal Well-Being Index-School Children (Cummins & Lau, 2005) Overall Life Satisfaction (Cummins & Lau, 2005)
Steyn and Roux (2009)	72	15–18 years	♂ ♀ Not reported	B C Not reported I W	Adolescents from Pretoria	Convenience sample	Quantitative Cross-sectional	Psychological well-being develops through emotional regulations, personality characteristics, identity, and life experiences, and is comprised of autonomy, personal growth, environmental mastery, purpose in life, positive relations with others, and self-acceptance.	Psychological well-being scales with six subscales (Ryff, 1989; Ryff & Keyes, 1995)
Tibesigwa et al. (2016)	4,752	Mean = 20.6 years	♂ ♀ Not reported	B C Not reported I W	Young adults in Cape Town	Two-stage stratified sample	Quantitative Cross-sectional	Well-being viewed as synonymous with happiness	One question with rating scale response: 'Taking all things together, are you very happy, happy, a little happy or not happy?'
Van Schalkwyk and Wissing (2010)	665	M= male-16.08 female-5.95	♂ 32 ♀ 68	B 3% C 31 I W 66	Three secondary schools in the Western Cape	Convenience sample	Mixed method design Sequential	Mental health lies on a continuum from languishing (low levels of emotional, social and psychological well-being), to flourishing (high levels of emotional, social, and psychological well-being) with moderate mental health in between.	Mental Health Continuum-Short Form (Keyes, 2006) Ego Resilience Scale (Block & Kremen, 1996) Satisfaction with Life Scale (Diener et al., 1985) Affectometer 2 (short version) (Kammann & Flett, 1983) Structured interviews to qualitatively explore participants' understanding of manifestations of well-being and absence thereof.

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Table 1. (Continued)

Authors	Sample size	Age	Gender (%)	Ethnicity (%)	Setting	Sampling approach	Study design	Definition of well-being	Measurement of well-being
Visser and Routledge (2007)	1918	12–19 years	♂ 44 ♀ 56	B 77 C I W	Students from 13 Tswhane schools	Not random sample but random selection of 65 classes within schools	Quantitative Cross-sectional	Psychological well-being refers to functioning at a high level of behavioural and emotional adjustment and adaptiveness.	Bar-On Emotional Quotient Inventory [EQ-I] (Bar-On, 1988)
Wild and Gaibie (2014)	204	Mean = 13.69 years	♂ 50 ♀ 50	B C almost 100 I W	Predominately coloured students from a school established to serve disadvantaged communities in Cape Town.	Convenience sample	Quantitative Cross-sectional	Psychological well-being encompasses both the absence of mental illness symptoms and the presence of positive attributes	Strengths and Difficulties Questionnaire (Goodman, 1997)
Young and Strelitz (2014)	491	Mean = 21.3	♂ 41 ♀ 59	B 51 C 4 I 4 W 39	Rhodes University students	Random sample	Quantitative Cross-sectional	Subjective well-being involves cognitive component – people's judgements about their overall life satisfaction, and affective component – the frequency of positive feelings compared with negative feelings	Satisfaction with Life Scale (Diener et al., 1985) Rosenberg Self-Esteem Scale (Rosenberg, 1965) UCLA Loneliness Scale (Russel, 1996)

B: Black; C: Coloured; I: Indian; W: White.

individuals (Guse & Vermaak, 2011; Jackson et al., 2014; Jonker et al., 2015; Mahiti, 2006; Steyn & Roux, 2009), while two studies used a low-frequency or absence-of-disorders perspective (Brook, Rubenstone, Zhang, Morojele, & Brook, 2011; Cluver & Gardner, 2006). Some studies adopted both a strengths- and deficits-based approach to well-being (Bachman DeSilva et al., 2012; Cheng et al., 2014; Govender, Reardon, Quinlan, & George, 2014; Van Schalkwyk & Wissing, 2010; Visser & Routledge, 2007; Wild & Gaibie, 2014).

Four studies (Edwards et al., 2004; Koen, Van Eeden, & Venter, 2011; Liebenberg & Roos, 2008; Steyn & Roux, 2009) defined well-being using a multi-dimensional approach acknowledging mental, physical, and social factors. Studies by Edwards et al. (2004), Liebenberg and Roos (2008), and Steyn and Roux (2009) focused on six dimensions of well-being namely, autonomy, environmental mastery, personal growth, purpose in life, positive relations with others, and self-acceptance. This eudemonic view is synonymous with Rogers' (1961) view of the self-actualising tendency manifesting in the fully functioning person. The works by Boshoff, Grobler, and Nienaber (2015) Savahl et al. (2015), and Young and Strelitz (2014) lean towards Diener's (1984) hedonic perspective of well-being, emphasising life satisfaction and the person's affective and cognitive evaluation of his or her life.

Indicators and measurement of well-being

A number of indicators of well-being were used across the studies (see Table 1). Many of the indicators employed were strength-based constructs or positive indicators such as self-esteem, resilience, satisfaction with life, sense of coherence, and dispositional hope. While most studies used established standardised measurement tools (for instance, the Satisfaction with Life Scale – Diener, Emmons, Larson, & Griffin, 1985 and the Rosenberg Self-esteem Scale – Rosenberg, 1965), none of these were validated in South Africa or other African settings, with few specific to well-being. Studies used multiple separate measures such as self-esteem, hope, satisfaction with life, depression, and anxiety, either by measuring well-being specifically or by using multi-dimensional assessments. Only five studies used qualitative methods exploring individual, family, and broader social domains of well-being (see Table 1).

Factors associated with well-being

The studies reviewed explored a multitude of factors associated with adolescent well-being.

Risk behaviours. Five studies explored relationships between substance abuse and well-being. Visser and Routledge (2007) and Brook, Morojele, Brook, and Rosen (2005) indicated that adolescents with a strong sense of well-being were less likely to engage in substance use. Brook et al. (2011) observed that low well-being partially mediated the association between violent victimisation and drug availability and tobacco and alcohol use. Arguing for social context, Johnson and Lazarus (2008) showed that the value of the school in promoting the well-being of adolescents was offset by the high intensity of risk behaviours of children (substance abuse and violence) living in especially impoverished areas.

Family relationships. Nine studies examined the influence of family relationships on adolescent well-being. Mother's provision of emotional security and a sense of being cared for influenced child well-being. Govender and Moodley (2004) reported that maternal presence was a significant indicator of self-esteem. They found that well-being was associated with a more authoritative parenting style among children living in informal settlements, whereas an affiliative parenting style was related to child well-being in higher income areas.

Two studies reported negative effects of absent or detached fathers. Koen et al. (2011) supported earlier research (e.g., Louw & Louw, 2007) that female adolescents tend to lack self-confidence, engage in riskier sexual behaviour, experience lower academic achievement, and have difficulty forming and maintaining relationships when the influence of a father is lacking. Bojuwoye and Sylvester (2014) reported dissatisfaction with social support among adolescent boys living in single-mother households, which may be due to being deprived of same-sex role models and strained relationships with opposite-sex parents.

Studies comparing the psychological well-being of orphans and non-orphans show mixed results. One study found high levels of post-traumatic stress disorder–type symptoms in orphan children living in deprived urban settlements (Cluver & Gardner, 2006). Two studies reported that orphanhood by itself does not account for differences in well-being outcomes of adolescents. Govender et al. (2014) reported that the inability of the primary caregiver to meet basic caregiving demands and lack of communication on personal problems was a stronger determinant of child's psychosocial well-being. A similar result was reported by Cheng et al. (2014) where the presence of a caring female adult in the home was a protective factor for female mental health, and in the case of male adolescents, the presence of a caring male adult reduced the odds of depression.

The extended family was also shown to be valuable in providing a supportive surrogate caregiving source (Govender et al., 2014; Koen et al., 2011) and being protective for adolescents' emotional and behavioural well-being (Cluver & Gardner, 2007). However, increasing the family size (especially if it is a proxy for caregiver burden) was also associated with the likelihood of child anxiety and depression among HIV orphans (Govender et al., 2014).

Social resources. Only four studies investigated the interface between non-familial support and adolescent well-being. Cheng et al. (2014) showed that perceived connection to the neighbourhood was associated with lower odds of depression and suicidal thoughts in adolescent females. Bachmann DeSilva et al. (2012) found social support from friends or significant others mitigates poor mental health and behavioural outcomes in adolescents. Moses (2006), however, argues that the positive impact of social resources cannot be over-simplified as it involves a complex interplay between the socio-economic contexts and child agency that results in optimal child outcomes.

Young and Strelitz (2014) explored social networking, social capital and well-being and found that Facebook usage was socially patterned along race and class lines and not associated with well-being. Liebenberg and Roos's (2008) exploration of leadership practices implemented in South African primary schools indicate that regardless of the model of leadership employed, negative self-perceptions and disrupted relationships with both peers and adults led to poor well-being.

Religiosity and conservatism. Pienaar, Beukes, and Esterhuyse (2006) found that religious fundamentalism, anti-hedonism and a conforming attitude towards authority were associated with high levels of psychological well-being, though high levels of ethnocentrism were associated with low levels of well-being.

Socio-economic conditions. Eight studies reported findings on the effects of socio-economic factors on adolescent well-being emphasising the negative impact of poverty on well-being. Cheng et al. (2014) reported that high levels of depression and post-traumatic stress was evident in adolescents who live in economically distressed areas, while Bojuwoye and Sylvester (2014) identified financial insecurity as a significant contributor to negative emotional, behavioural, and cognitive outcomes of adolescents living in single-mother homes. Both Bachmann DeSilva et al.'s (2012) and Govender et al.'s (2014) findings support the idea that living above or below the poverty threshold was a stronger indicator of psychosocial outcomes than orphanhood. Despite school being perceived as a protective factor among adolescents orphaned by AIDS, Cluver and Gardner (2007) found that

adolescents were distressed and angered by their inability to afford school fees, uniforms, and the necessary supplies. Savahl et al. (2015) reported significant differences in satisfaction with life scores between children from low-income and middle-income communities. Quality of life was found to be threatened by a lack of access to health care, or substandard education, in addition to involvement in income-generating activities in a sample of street children (Mahiti, 2006).

Objective and subjective comparisons of income on subjective well-being show that these comparisons had a strong impact on an individuals' sense of subjective well-being with subjective comparisons having a stronger effect (Tibesigwa et al., 2016).

Discussion

Given the burgeoning literature on young people in South Africa in this area over the past 16 years, this review synthesised the evidence on definitions and conceptualisations of well-being.

Well-being is an undeniably complex concept. Our review concurs with previous research (Dodge et al., 2012; Pollard & Lee, 2003) and indicates little consensus on the definition or measurement of well-being. The elusiveness of the term is attributed primarily to research being driven by indicators and dimensions of well-being rather than a unified conceptual understanding of the construct.

The lack of consensus on definition is partly responsible for a tendency to define well-being in unidimensional terms often ignoring the multifaceted nature of the construct with most studies approaching well-being as an absence of mental disorders. More recent work has, however, acknowledged the presence of positive functioning and support, reflecting a shift towards a strengths- and assets-based approach to well-being.

It was encouraging to note that four studies (Edwards et al., 2004; Koen et al., 2011; Liebenberg & Roos, 2008; Steyn & Roux, 2009) examined well-being using multiple dimensions. Not surprisingly, the absence of a universal definition of well-being is reflected in the lack of consistency in measurements employed. In addition, most of the measures used in the studies were imported from western settings. This meant that in many cases cross-cultural validity had not been established which introduces the possibility of measurement bias. In addition, design power was compromised due to a lack of representative samples, small sample sizes, as well as cross-sectional study designs. The lack of standardised assessment methods further limits comparisons of findings across contexts which is key to understanding mechanisms and processes which promote well-being in adolescents.

The five qualitative studies reviewed provided a nuanced inquiry into linkages between well-being and family relationships, social aspects and risk and protective factors. More research of the latter type is needed.

Our review yielded only three studies which explicitly linked resilience and well-being, with resilience research being similarly plagued by issues related to lack of consensus on definitions and measurement (Theron & Theron, 2010; Van Rensburg, Theron, & Rothmann, 2015). The paucity of research addressing resilience and well-being is symptomatic of the lack of common understanding of these terms (Schultze-LutterSchimmelmann, & Schmidt, 2016). Similarly, while the incidence of risk behaviours during adolescence is well-documented, the relationship between well-being and risk behaviour appears to be underexplored in South African literature.

Accordingly, an exploration of the risk-resilience processes as well as the socio-cultural variations that leads to positive outcomes and well-being in youth is an urgent research priority. This is important for informing preventive interventions that capitalise on resilience enhancing processes to improve the quality of young people's lives.

This review has several limitations. There is a possible bias in study selection as only studies published in English peer-reviewed journals were considered, even though multiple databases were searched. Additional information from conference papers, theses, and non-peer-reviewed journals were not included. It is possible that the combination of search terms used may have not

found all relevant literature. In addition, our review did not include studies published before 2000 which may have excluded other relevant literature, but the broad definitions used are likely to have captured most of the relevant literature after this period.

Conclusion

To the authors' knowledge this is the first study to systematically review research on adolescent well-being in South Africa. Despite a substantial body of literature, there are notable shortcomings: an absence of a unified and consistent definition of well-being, a lack of consistent indicators and measurement instruments, and a fragmented research focus. The review highlights several directions for future research. A priority is to address the inconsistencies in defining well-being, with an emphasis on using multi-dimensional constructs that are culturally appropriate. Equally important is the need to examine the resilience processes (definitional and measurement) that enable well-being outcomes. In terms of the latter, we require more sophisticated and longitudinal designs that accommodate associations between environmental factors and social and psychological aspects of well-being over the life course. Inclusion of biological measures (genetic, cortisol, and allostatic load differences) is also important in explaining well-being outcomes. Given the diversity of contexts in which South African youth are living in, we also need more mixed-method designs allowing for quantitative methods to be complemented by qualitative and contextually rich socio-cultural perspectives on well-being.

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Note

1. Young people are defined as being between the ages of 10 and 24. When we refer to adolescents, 10–19 years is the accepted classification (http://apps.who.int/adolescent/seconddecade/section2/page1/recognising-adolescence.html).

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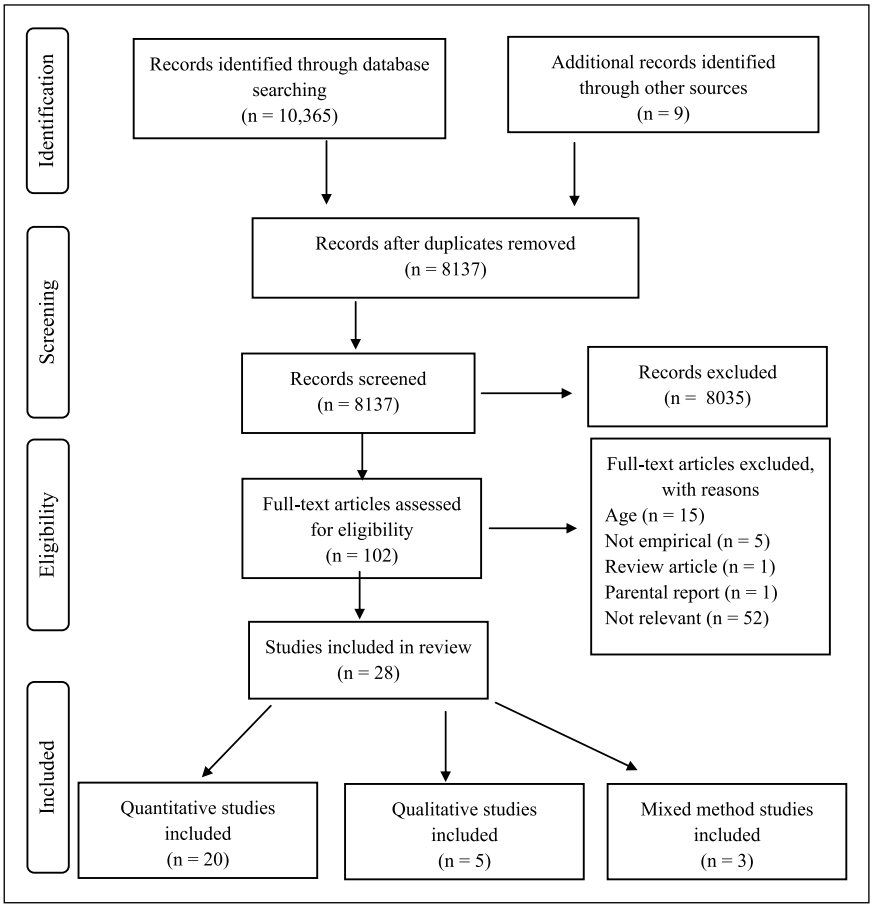
Appendix 1

Search terms

(adolescen* odds ratio [OR] youth OR child OR boys OR girls OR teen*) AND (well-being OR wellness) AND ('South Africa')
(adolescen* OR youth OR child OR boys OR girls OR teen*) AND (well-being OR wellness) AND resilience AND ('South Africa')
(adolescen* OR youth OR child OR boys OR girls OR teen*) AND (well-being OR wellness) AND (life satisfaction OR satisfaction with life) AND ('South Africa')
(adolescen* OR youth OR child OR boys OR girls OR teen*) AND (well-being OR wellness) AND (quality of life) AND ('South Africa')
(adolescen* OR youth OR child OR boys OR girls OR teen*) AND (well-being OR wellness) AND (happiness) AND ('South Africa')
(adolescen* OR youth OR child OR boys OR girls OR teen*) AND ('positive mental health' OR 'positive youth development') AND ('South Africa')

Appendix 2



Flow diagram of selection process.